

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

<b>IN RE:</b>	:	<b>CASE NO.: 13-59400</b>
	:	
<b>DAVID W. BOBST</b>	:	<b>CHAPTER: 11</b>
<b>SANDRA E. BOBST</b>	:	
	:	
<b>Debtors-in-Possession.</b>	:	<b>JUDGE: HOFFMAN</b>

**MONTHLY OPERATING REPORT FOR BOBST COLLISION, INC**  
**JULY 2014**

Please take notice of the filing of the Debtors-in-Possession's monthly operating report for the month of July 2014, attached hereto.

Respectfully submitted,

/s/ Garry A. Sabol  
Garry A. Sabol (0002004)  
Attorney for Debtors-in-Possession  
1530 Demorest Drive  
Columbus, OH 43228  
(614) 871-8970  
(614) 871-5297 Fax  
sabolg@yahoo.com

# **Bobst Collision, Inc.**

**JULY, 2014**

**Financial Reports and Certification**

**Of Compliance Filed with**

**United States Trustee**

**TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR  
THE TAX PERIOD: July, 2014**

CASE No.: \_\_\_\_\_  
Chapter 11 \_\_\_\_\_  
Judge: \_\_\_\_\_

Bobst Collision, Inc.  
Debtor

As debtor in possession, I affirm:

1 That I have reviewed the financial statements attached hereto, consisting of:

<u>X</u>	Operating Statement	(Form 2)
<u>X</u>	Balance Sheet	(Form 3)
<u>X</u>	Summary of Operations	(Form 4)
<u>X</u>	Monthly Cash Statement	(Form 5)
<u>X</u>	Statement of Compensation	(Form 6)
<u>X</u>	Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated.

2 That the insurance, including worker's compensation and unemployment insurance as described in Section 4 of the Reporting Requirements for Chapter 11 cases is in effect, and (if not, attach a written explanation) YES X NO \_\_\_\_\_

3 That all postpetition taxes as described in Sections 1 and 14 of the Operating instructions and Reporting Requirements for Chapter 11 cases are current. (if not, attach a written explanation) YES X NO \_\_\_\_\_

4 No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (if not, attach a written explanation) YES X NO \_\_\_\_\_

5 All United States Trustee Quarterly fees have been paid and are current. YES X NO \_\_\_\_\_

6 Have you filed your prepetition tax returns. (if not, attach a written explanation) YES X NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 15-Sep-14

**Bobst Collision, Inc.**

Debtor in Possession, by

Name:

Roy D. Lucas

Title:

Certified Public Accountant

Phone:

614-861-2869

**TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR  
THE TAX PERIOD: July, 2014**

Form 1

Case No: \_\_\_\_\_

	<u>Current Month</u>	<u>Total Since Filing</u>
Total Revenue/Sales	20,140.10	20,140.10
Cost of Sales	519.69	519.69
<b>GROSS PROFIT</b>	<u>19,620.41</u>	<u>19,620.41</u>
<b>EXPENSES:</b>		
Officer Compensation		
Salary Expenses Other Employees		
Employee Benefits & Pensions	1,415.13	1,415.13
Payroll Taxes		
Other Taxes		
Rent and Lease Expense	99.92	99.92
Interest Expense		
Insurance		
Automobile and Truck Expense		
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		
Repairs and Maintenance		
Advertising		
Supplies, Office Expense, etc.	333.55	333.55
Other - Specify		
Other - Specify		
<b>TOTAL EXPENSES:</b>	<u>1,848.60</u>	<u>1,848.60</u>
<b>NET OPERATING PROFIT (LOSS)</b>	17,771.81	17,771.81
<b>Add: Non-Operating Income:</b>		
Interest Income		
Other Income		
<b>Less: Non-Operating Expense:</b>		
Professional Fees		
Other		
<b>NET INCOME/(LOSS)</b>	<u>17,771.81</u>	<u>17,771.81</u>

Case No: \_\_\_\_\_

	<u>Current Month</u>	<u>Total</u> <u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:	15,888.88		15,506.13
Inventory:			
Accounts Receivable:	23,054.40		7,297.87
Insider Receivables:			
Land and Buildings:	367,000.00		367,000.00
Furniture, Fixtures, & Equip.	101,816.40		101,816.40
Accumulated Depreciation	-54,210.83		-54,210.83
Other:			
Other:			
<b>TOTAL ASSETS:</b>	<b>453,548.85</b>		<b>437,409.57</b>
<b>LIABILITIES:</b>			
Post Petition Liabilities			
Accounts Payable			
Rent and Lease Payable			
Wages and Salaries Pay.			
Taxes Payable			
Other:			
<b>TOTAL Postpetition Liab.:</b>			<b>0.00</b>
<b>SECURED LIABILITIES:</b>			
Subject to Postpetition			698,920.16
Collateral or Financing Order:			
All Other Secured Liabilities			
<b>TOTAL Secured Liabilities:</b>			<b>698,920.16</b>
<b>PREPETITION LIABILITIES:</b>			
Taxes & Other Priority Liabilities	696,322.64		
Unsecured Liabilities:	23,098.97		22,133.98
Other:			
<b>TOTAL Prepetition Liab.</b>	<b>719,421.61</b>		<b>22,133.98</b>
<b>EQUITY:</b>			
Owners Capital:	15,230.23		15,230.23
Retained Earnings - Pre Pet.	-281,102.99		-298,874.80
Retained Earnings - Post Pet.			
<b>TOTAL Equity</b>	<b>-265,872.76</b>		<b>-283,644.57</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>453,548.85</b>		<b>437,409.57</b>

**Robst Collision, Inc.**

**SUMMARY OF PAYABLES AND RECEIVABLES**

**Period Ended: AUGUST, 2014**

Case No: \_\_\_\_\_

**Schedule of Postpetition Taxes Payable**

	<b><u>Beginning Balance</u></b>	<b><u>Accrued/ Withheld</u></b>	<b><u>Payments/ Deposits</u></b>	<b><u>Ending Balance</u></b>
<b>Income Taxes Withheld:</b>				
Federal:	0.00			0.00
State:	0.00			0.00
Local:	0.00			0.00
<b>FICA Withheld:</b>	0.00			0.00
<b>Employers FICA:</b>	0.00			0.00
<b>Unemployment Tax:</b>				
Federal:				0.00
State:				0.00
<b>Sales, Use &amp; Excise Taxes:</b>	0.00 0.00		0.00	0.00
<b>Property Taxes:</b>	0.00	0.00	0.00	0.00
<b>Worker's Compensation:</b>	0.00	0.00	0.00	0.00
<b>Other:</b>				
<b>TOTALS:</b>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

**AGING OF ACCOUNTS RECEIVABLE  
AND POSTPETITION ACCOUNTS PAYABLE**

<b>Age in Days:</b>	<b>0-30</b>	<b>30-60</b>	<b>Over 60</b>
<b>Post Petition Accounts Payable:</b>	_____	_____	_____
<b>Accounts Receivable:</b>	_____	_____	_____

For all postpetition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization.

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**Robst Collision Inc.**  
**SUMMARY OF PAYABLES AND RECEIVABLES**

*Period Ended: AUGUST, 2014*

Form 4



**Robst Collision, Inc.**  
**MONTHLY CASH REPORT**  
**Period Ended: JULY, 2014**

Case No: \_\_\_\_\_

	<u>General Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct.</u>	<u>Petty Cash Acct.</u>
A. Beginning Balance	19,897.29				
B. Receipts	0.00				
C. Balance Available (A + B)	19,897.29	0.00	0.00		
D. Less: Disbursements (Attach separate schedule)	4,008.41				
E. Ending Balance (C - D)	15,888.88	0.00	0.00	0.00	0.00

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location Fifth/Third  
 2. Account Number (last 4 digits only) 3713

Payroll Account:

1. Depository Name & Location Fifth/Third  
 2. Account Number (last 4 digits only) 3739

Tax Account:

1. Depository Name & Location Fifth/Third  
 2. Account Number (last 4 digits only) 3721

Other monies on hand (specify type and location) i.e., CD's bonds, ect.

\_\_\_\_\_  
 \_\_\_\_\_



## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: August, 2014

Case No.: \_\_\_\_\_

The following information is to be provided for each shareholder, officer, director, manager, Insider, or owner that is employed by the debtor in possession.

Attach additional pages if necessary.

Name: **Dave Bobst** Capacity: ☒ Shareholder  
☒ Officer  
☒ Director  
☒ Insider

Detailed Description of Duties: \_\_\_\_\_

Current Compensation Paid:	Weekly	or	Monthly
	_____		<u>\$0.00</u>

Current Benefits Paid:	Weekly	or	Monthly
Health Insurance	_____		_____
Life Insurance	_____		_____
Retirement	_____		_____
Company Vehicle	_____		_____
Entertainment	_____		_____
Travel	_____		_____
Other Benefits	_____		_____
Total Benefits	_____		<u>\$0.00</u>

Current Other Payments Paid:

Rent Paid \_\_\_\_\_

Loans \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Total Other Payments \_\_\_\_\_

CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
	_____		<u>\$0.00</u>

Roy D. Lucas, CPA

Dated: 9/15/14

Principal, Officer, Director, or Insider

Case No.: \_\_\_\_\_

INSURANCE TYPE

CARRIER

EXPIRATION DATE

## Worker's Compensation

Ohio Bureau of Worker's Comp.

## General Business Policy

Auto Owners

## Health Insurance

Anthem Blue Cross/Blue Shield

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**CERTIFICATE OF SERVICE**

I hereby certify that on November 7, 2014 a copy of the foregoing Monthly Operating Account was served on the following registered ECF participants, **electronically** through the court's ECF System at the email address registered with the court:

Asst. US Trustee @ [ustpreion09.cb.ecf@usdoj.gov](mailto:ustpreion09.cb.ecf@usdoj.gov)

Jeffrey L. Pfriem @ [Jeffrey.l.pfriem@usdoj.gov](mailto:Jeffrey.l.pfriem@usdoj.gov)

Jeremy S. Flannery @ [Jeremy.S.Flannery@usdoj.gov](mailto:Jeremy.S.Flannery@usdoj.gov)

and on the following by **ordinary U.S. Mail** addressed to:

David & Sandra Bobst  
4820 Grebus Road  
Columbus, OH 43207

/s/ Garry A. Sabol (0002004)  
Garry A. Sabol  
Attorney for Debtors-in-Possession